

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL029009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 08/07/2015
NAME OF PROVIDER OR SUPPLIER THE PERRYMAN HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 902 KENREED DR THOMASVILLE, NC 27360		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Survey on August 7, 2015 from 12:48 PM to 2:13 PM at the above referenced facility. DHSR records indicate the home was first licensed on July 5, 2013 as a Family Care Home for four non-ambulatory Residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2012 North Carolina State Building Code - Section 425.4 - Small Non-ambulatory Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000	This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.	
C 105	Initial Licensure-Meet NCSBC SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be purchased from the Department of Insurance Engineering Division located at 322	C 105	Section .0300 – THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (a) Any building licensed for the first time as a family care home shall meet the applicable requirements of the North Carolina State Building Code. All new construction, additions and renovations to existing buildings shall meet the requirements of the North Carolina State Building Code for One and Two Family Dwellings and Residential Care Facilities if applicable. All applicable volumes of The North Carolina State Building Code, which is incorporated by reference, including all subsequent amendments, may be	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Kathryn Hotz Administrator/owner

9-25-15

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C 105	Continued From page 2 working properly. Provide documentation of the correction through copies of receipts or work orders. 3. Observations revealed one electrical outlet at the front porch. Exterior outlets are required to be GFCI outlets. This outlet did not trip when tested. Have a qualified technician repair or replace the outlet at the front porch. Provide documentation of the correction through copies of receipts or work orders.	C 105	3. The deficiencies identified for all residents will be corrected by having a certified electrician provide a GFCI outlet at the front porch. Documentation will be provided by photographs and receipt from a licensed electrician. The repair or replacement of the GFCI outlet at the front porch will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.	10-10-15
C 117	Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Review of records revealed that the facility did not have an annual Fire Inspection conducted. Interview with Staff indicated that the local Fire Marshal would not conduct these inspections. The Surveyor did contact the local authority and left messages with the last inspector as well as in the general mailbox on August 13, 2015. DHSR/Construction is waiting for a response. Annual Fire Inspections are required for maintaining the license and copies are to be kept at the facility. Contact the local Fire Marshal to schedule an annual inspection. Provide a copy of the report to DHSR/Construction Section.	C 117	To make sure the deficient practice will not recur, the Administrator will ensure that the outlet at the front porch will be replaced with a GFCI outlet. <u>Tag C117</u> Have Current San. And Fire Safety Approvals SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (n) The home shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. The deficiencies identified for all residents will be corrected by having the local Fire Marshal conduct an annual inspection, and a copy of the report will be provided to DHSR/Construction Section.	10-10-15
C 143	Corridor-Free of Obstructions	C 143		

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C 143	Continued From page 3 SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions. This Rule is not met as evidenced by: 1. Observations revealed the second required exit was located in the front Residents' bedroom. The interior bedroom door had locking hardware that, when engaged, would obstruct the path of egress. Have a qualified technician replace the lockset with passage hardware. Provide documentation of the repairs through copies of receipts or work orders.	C 143	The annual fire inspection will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice. To make sure the deficient practice will not recur, the Administrator will ensure that the the local Fire Marshal conduct an annual inspection. Documentation will be provided to DHSR/Construction Section. Tag C 143 SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR (c) Corridors shall be free of all equipment and other obstructions.	9-15-15
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Observations revealed the sprinkler system was not being serviced and inspected on an annual basis. No inspections had been conducted since the facility was licensed in 2013. Contact a sprinkler maintenance contractor for annual service. Provide copies of the inspection report to DHSR/Construction Section for our records. 2. Observations revealed that the staff was not fully prepared for a fire alarm test. When the	C 174	The deficiencies identified for all residents will be corrected by replacing the locking hardware on doorknobs leading to all exit doors. Pictures will be provided. The replacing of the locking hardware on doorknobs leading to all exit doors will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice. To make sure the deficient practice will not recur, the Administrator will ensure that the locking hardware on doorknobs leading to all exit doors is unable to be locked. Tag C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT	

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To make sure the deficient practice will not recur, the Administrator will ensure that yearly fire sprinkler system inspections will be completed, documented and a copy sent to DHSR / Construction for their records.

3. The deficiencies identified for all residents will be corrected by repairing the sprinkler head in the closet of the back bedroom that had dropped down and was not properly secured. A qualified technician will repair the sprinkler head. Documentation of the correction will be provided through photos. 09-15-15

A monthly inspection of all sprinkler heads will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.

To make sure the deficient practice will not recur, the Administrator will ensure that monthly inspections of the fire sprinkler heads will be completed and documented.

4. The deficiencies identified for all residents will be corrected by replacing the light bulb in the master bath and insure the light is working properly. Documentation will be provided of the correction through photos. 09-15-15

A monthly inspection of all light bulbs will eliminate the possibility of other residents having the potential to be affected by the same deficiency practice.

To make sure the deficient practice will not recur, the Administrator will ensure that monthly inspections and replacement of all burned out light bulbs will be completed and documented.

All deficiencies which are not already corrected will be completed by 10-10-15